DECLARATION		Attorney Docket Number	21300						
POWER OF AT FOR UTILITY O		First Named Inventor	Emini, Emilio A. et al.	mini, Emilio A. et al.					
PATENT APPL		Co	OMPLETE IF KNOWN						
(37 CFR 1.									
(3/ CFR 1.	···	Application Number							
Declaration Submitted	Submitted after initial	Filing Date							
with Initial OR Filing	Filing (surcharge (37 CFR 1.16 (e)) required)	Group Art Unit							
	/	Examiner Name							
				· · · · · · · · · · · · · · · · · · ·					
As a below named inventor									
My residence, post office add	dress, and citizenship	are as stated below next to my	name.						
I believe I am the original, finames are listed below) of the	rst and sole inventor (ne subject matter which	if only one name is listed below h is claimed and for which a pa	v) or an original, first and joint ir tent is sought on the invention er	nventor (if plural ntitled:					
ADENOVIRUS SEROTYPE	24 VECTORS, NUCL	EIC ACIDS AND VIRUS PRO	DDUCED THEREBY						
the specification of which		(Title of the Invention)							
	ket Number and Title	of the Invention noted above							
OR									
is attached hereto									
OR was filed on (MM/DD/	YYYY)	as United States Ap	oplication Number or PCT Intern	national					
Application Number	and	was amended on (MM/DD/YY	YY) (is	f applicable).					
I hereby state that I have rev amended by any amendment	iewed and understand specifically referred t	the contents of the above ident to above.	ified specification, including the	claims, as					
• •			ation known to me to be material	l to patentability					
as defined in 37 CFR 1.56, in	ncluding for continuat	ion-in-part applications, materi	al information which became ava	ailable between					
			date of the continuation-in-part						
I hereby claim foreign priorit certificate(s), or 365(a) of any	y benefits under 35 U. v PCT international an	S.C. 119(a)-(d) or (t) or 365(b) oplication which designated at least	of any foreign application(s) for east one country other than the U	Inited States of					
America, listed below and ha	ve also identified belo	ow, by checking the box, any fo	reign application for patent or in	ventor's certificate(s),					
	pplication having a fil		ication on which priority is claim						
Prior Foreign Application Number(s)	Country	Foreign Filing Da (MM/DD/YYYY	· · · · · · · · · · · · · · · · · · ·	Priority Claimed? er YES NO					
Additional foreign applica	ation numbers are listed of	on a supplemental priority data shee	t PTO/SB/02B attached hereto.						
I hereby claim the benefit under	35 U.S.C. 119(e) of any	United States provisional application	on(s) listed below.						
Application Num	ıber(s)	Filing Date (MM/DD/YYYY)	Attorney Doc	Attorney Docket Number					
60/455,312	(03/17/2003	21366PV						

[Page 1 of 4]

DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application

I hereby clair designating the is not disclos 35 U.S.C. 11 37 CFR 1.56 date of this a	he Unite ed in the 2, I acki which	ed States of A e prior Unite nowledge the became avai	America, ed States e duty to	listed or PC discle	l below T interrose info	and, insonational a	ofar a appli knov	as the sication wn to m	subjection the second s	ect matter e manner be materi	of ea prov al to	ach of vided of pater	the c by the tabili	laims o e first pa ity as de	f this a aragrap efined i	ph of in	
U.S. Parent Application or PCT Parent Application Number							Parent Filing Date (MM/DD/YYYY)					Parent Patent Number (if applicable)					
Аррисацов Number							(III/I		· · · · · · ·								
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		or PCT internat															
As a named in following regi- connected ther	stered pra	actitioner(s) to	prosecute Customer OR	e this a	application	on and to	transa	act all b	usine	r agent(s) wess in the Un	nited	full por	wer of Paten	substitu at and Tr	tion and ademarl	d revocation, th k Office	е
	Nam	ie			Registr		T			Na	me					Registration Number	
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Direct all cor	теspond	ience to: X	Custor	ner N	umber	000	021	0									
Name	Anna L	Cocuzzo															
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City	Rahway	у					St	tate NJ ZIP				07065-0907					
	USA					phone			1273 Fax (732)594-4720								
I hereby dec belief are be the like so m may jeopard	lieved to nade are	o be true; and punishable l	d further by fine o	that th	hese sta risonme	atements ent, or bo	were th, u	e made inder 18	with 8 U.S	the know	/ledg	ge that	t willf	ful false	staten	nents and	
Name of Sole o								A p	etitic	on has bee						ntor	
	Given Name (first and middle [if any]) Family Name or Surname																
Emilio A.]1	Emini									-
Inventor's Signature								Date			te						
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City		Rahway						State	e	NJ		ZIP		0706	65-090	7	
Additional	invento	rs are being n	amed on t	he	supp	lemental A	Addit	ional In	vento	ors(s) sheet	(s) P	TO/SB	/02A	attached	hereto.		

DECLARATION AND POWER OF ATTORNEY

ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:				A petition has been filed for this unsigned inventor										
Give	any])			Family Name or Surname										
John W.						Shiver								
Inventor's Signature									Date					
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Name of Addition	nal Jo	oint Inventor, if any:				A petition has been filed for this unsigned inventor								
Give	n Na	me (first and middle [if	any])	y]) Family Name or Surname										
Andrew J.					В	ett								
Inventor's Signature									Date					
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City Rahway						State NJ			ZIP	07065-0907				
		oint Inventor, if any:			A petition has been filed for this unsigned inventor									
	n Na	me (first and middle [if	any]) Family Name or Surname Casimiro											
Danilo R.	1					asımıı	о				<u> </u>			
Inventor's Signature									Date					
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Post Office Address		Merck & Co., Inc., P.O.	Box 200	00										
City	Rahway					State NJ			ZIP	07065-0907				
Name of Additional Joint Inventor, if any:						A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any])						Family Name or Surname								
Michael	C	Chastain												
Inventor's Signature														
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City	•		St	State NJ			ZIP	O7065-0907						

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ADDITIONAL INVENTOR(S) Supplemental Sheet

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Name of Additional Joint Inventor, if any:				A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any])						Family Name or Surname									
David C.							Kaslow								
Inventor's Signature															
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City		Rahway		tate NJ 2			ZIP	07065-	7						
Name of Addition	nal J	oint Inventor, if any:		A petition has been filed for this unsigned inventor											
Give	n N	ame (first and middle [i	f any])	,				F	amily N	ame or Su	rnaı	me			
Manal					Mo	orsy									
Inventor's Signature									Date						
Residence: City	Blu	e Bell State PA Coun						USA Citizenship US							
Post Office Address	Merck & Co., Inc., P.O. Box 2000														
City Rahway			St			tate NJ		ZIP	07065-0907		7				
		oint Inventor, if any:		A petition has been filed for this unsigned inventor											
Give	n Na	ame (first and middle [if	fany])	any]) Family Name or Surname								ne			
Inventor's Signature					_	,.			Date	, ,					
Residence: City	State					Coun			Citizensh	Citizenship					
Post Office Address		Merck & Co., Inc., P.O.	Box 200	00	•		.								
City		Rahway		Stat	State NJ		ZIP	07065-0907							
Name of Additional Joint Inventor, if any:							A petition has been filed for this unsigned inventor								
Give		Family Name or Surname													
		-													
Inventor's Signature					-		Date								
Residence: City			State		C	Country				Citizensh	ip				
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City		Rahway		State	State NJ			ZIP	07065-0907						